

Predictors of Nursing Care Quality among Discharged Patients in a Level 1 Private Hospital

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DOI: <https://doi.org/10.51244/IJRSI.2025.120500156>

Received: 13 May 2024; Accepted: 15 May 2025; Published: 18 June 2025

ABSTRACT

Patient safety, contentment, and health outcomes depend on high-quality nursing care. It boosts healthcare efficiency, communication, and personalization. As frontline caregivers, nurses provide safe, effective, and person-centered interventions to deliver quality care. However, there are limited studies concerning nursing care quality being predicted by specific variables at the local level. This quantitative research made use of the descriptive, correlational (predictive) research design to assess the predictors of nursing care quality among 153 patients in a level I private hospital for the period of first quarter of 202. Findings revealed that patient satisfaction, health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization, and responsibility and rigor were rated as very high. Overall, the nursing care quality was very high. Patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional readaptation, nursing care organization, and responsibility and rigor predicted overall nursing care quality. This means that the higher the patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor, the higher the overall nursing care quality. To address the findings of the study, a nursing quality care improvement plan was proposed.

Keywords: Descriptive, correlational (predictive) design; Nursing care quality; Patients.

INTRODUCTION

Quality nursing care refers to the provision of safe, effective, patient-centered, timely, efficient, and equitable care by nurses that meets the needs and expectations of patients and their families and is defined as "the integration of clinical practice, education, research, and administration that ensures the delivery of safe, effective, and efficient patient care" (ANA, 2021). The provision of quality nursing care is an essential component of any healthcare system. In hospitals, staff nurses play a critical role in delivering high-quality nursing care to patients. Nursing is a healthcare profession that focuses on the care of individuals, families, and communities to promote, maintain, and restore health and well-being. Nurses are responsible for providing holistic, patient-centered care that is based on evidence-based practice and ethical principles. The role of nurses in providing quality nursing care is multifaceted. Nurses serve as patient advocates, providing emotional support, education, and coordination of care for patients and their families. They also collaborate with other healthcare professionals to ensure the provision of safe and effective care.

According to the American Nurses Association (ANA), nurses play a critical role in improving the quality of healthcare by serving as leaders, innovators, and change agents (ANA, 2019). However, several factors may affect their ability to provide quality nursing care. Identifying these factors is crucial to address them and improve the quality of nursing care. Several studies have been conducted to explore the factors affecting the ability of staff nurses to provide quality nursing care. One study conducted by Liu et al. (2020) explored the factors affecting the job satisfaction and turnover intention of nurses. The study found that job satisfaction was significantly affected by factors such as workload, work-family conflict, and supervisory support.

Another study by Al-Amer et al. (2017) investigated the factors affecting the quality of nursing care in Saudi Arabian hospitals. The study identified factors such as communication, leadership, and organizational culture as significant determinants of the quality of nursing care. Despite the considerable research on the factors affecting the ability of staff nurses to provide quality nursing care in hospitals, there is still a knowledge gap in the literature. Most of the existing studies have focused on specific factors such as workload, job satisfaction, and organizational culture. There is a need for a comprehensive study that explores all the factors that affect the provision of quality nursing care by staff nurses in hospitals. Such a study would provide a more comprehensive understanding of the factors that influence the provision of quality nursing care and help develop effective strategies to address them.

The researcher is a staff nurse and during her tour of duty in the hospital, she identified experiences that present compelling justifications for conducting the study on the factors affecting nurses in providing quality nursing care. These include lack of available equipment, medicines, understaffing, and lack of merit from supervisors. These challenges not only impact the well-being and job satisfaction of the nursing staff but also potentially compromise the delivery of optimal patient care. By investigating and understanding these factors, the study aims to contribute valuable insights into the factors that affect the provision of quality nursing care, ultimately paving the way for targeted interventions, policy changes, and improved support systems that can enhance the overall quality of care and promote positive outcomes for both nurses and patients.

The study focuses on the perspective of patients, with the aim of describing the factors that contribute to their ability to provide quality of nursing care. The factors that may be examined include the different factors such as patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor. The findings of the study can be used to apprise existing practices and provide interventions and policies aimed at improving the quality of nursing care provided in hospitals. Ultimately, this can lead to better health outcomes for patients and contribute to the overall improvement of the healthcare system in the region. As such this study is aligned with the third developmental sustainable goal on good health and well-being.

Research Objectives

This study aimed to assess the predictors of nursing care quality among discharged patients in a level I private hospital in Tacloban City for the period of first quarter of 2025.

Specifically, it sought to answer the following queries:

1. What was the perceptions of the patients on different dimensions of nursing care quality in terms of:
 - 1.1 patient satisfaction;
 - 1.2 health promotion;
 - 1.3 prevention of complications;
 - 1.4 well-being and safe care;
 - 1.5 functional readaptation;
 - 1.6 nursing care organization; and
 - 1.7 responsibility and rigor?
2. What was the overall nursing care quality as perceived by the patients?
3. What dimension of nursing care quality predicts the overall nursing care quality?
4. What nursing care quality sustenance plan was proposed based on the findings of the study?

Statement of Null Hypothesis

Ho: The dimensions of nursing care quality did not predict the overall nursing care quality.

REVIEW OF LITERATURES AND STUDIES

Importance of Nurse Care. Care is the core of nursing profession and the main factor which distinguishes nursing from other health related professions. High quality nursing care means the provision of easy and accessible care by competent and qualified nurses. The ability of staff nurses to provide quality nursing care is influenced by a multitude of factors. Understanding these factors is crucial for healthcare organizations and policymakers in ensuring optimal patient outcomes and improving nursing practice. In addition, these various factors can influence the provision of quality nursing care, impacting the ability of staff nurses to deliver optimal care (Smith, et.al, 2019). Additionally, the quality of nursing care is affected by factors such as nurse's characteristics, organizational and environmental characteristics. The quality of nursing care affects several variables such as patient treatment and the need for re-hospitalization, which underscores its importance (Tsironi, 2019). Thus, to provide quality nursing care for patients and families and increase their satisfaction with nursing care, it is necessary to identify the factors that affect the quality of nursing care (Choi, 2010).

Adams et al. (2018) held that staffing levels, skill mix and nurse workload are factors that directly impact the ability of staff nurses to provide or deliver quality care and patient outcomes. Likewise, Chen et al. (2020), identified several factors affecting nurses' delivery of quality care such as workload, organizational support, and communication, highlighting their impact on the ability of staff nurses to provide quality nursing care.

According to Smith et al, (2019), factors such as nurse-patient ratios, nurse experience and education, teamwork and collaboration, and the availability of necessary resources are among the key factors influencing the provision of quality nursing care. The age of staff nurses can influence the quality of nursing care in several ways. Older nurses, with their accumulated years of experience, often possess clinical competence that stems from encountering diverse patient conditions and developing critical thinking skills. Their extensive knowledge and skills in specific areas can contribute to delivering high-quality care.

Additionally, age can influence communication styles and empathy levels, with older nurses potentially exhibiting effective communication strategies and a deeper sense of empathy, leading to improved patient-provider relationships and outcomes. Furthermore, older nurses frequently take on leadership roles and act as mentors, sharing their experience and wisdom with younger nurses. This mentoring dynamic can positively influence the development of the nursing workforce and contribute to the provision of high-quality care overall (Marquez & Houston, 2009).

The maintenance and improvement of quality nursing care is the most important challenge for nursing care systems effect on the quality of nursing care. Some strategies such as staffing and resource adequacy assessment and hiring more nurses to increase staffing levels can be useful (Lake & Sloan, 2020). Similarly, according to Jones & Murray (2018) administering flexible work schedule, increasing monthly salary, suggesting some mental health resources and modification of work environment may improve nurse's job satisfaction and decrease their emotional exhaustion. Regular supervision of clinical nursing care activities and provision of continuous feedback are important to ensure that essential nursing care tasks are provided and prevent any compromise of nursing care (Jones, 2018).

Job satisfaction is a multidimensional emotional concept which reflects the interaction between nurse's expectations and values, their environment and personal characteristics. Perception of the significance of nurse' job satisfaction and its improvement is essential in providing quality care with optimal outcomes (Bautista et al., 2020). Moreover, these concepts of Chang and Chiou (2019) highlighted the importance of nurse-physician collaboration and managerial support in enhancing the quality of patient care. Additionally, workload, is another crucial factor that influences the provision of quality care by nurses. Nurse-physician collaboration refers to the extent to which nurses and physicians effectively work together, communicate, and share responsibilities in providing patient care. It involves building mutual trust, respect, and open lines of communication between the two professions. Collaborative relationships between nurses and physicians have been shown to positively impact patient outcomes, enhance care

coordination, improve decision-making, and contribute to the overall quality of care provided.

Managerial support on the other hand refers to the level of support and resources provided by nurse managers and healthcare administrators to frontline nurses. It encompasses factors such as leadership, decision-making support, resource allocation, and recognition of nurses' contributions. When nurses perceive high levels of managerial support, it can lead to increased job satisfaction, motivation, and engagement. Adequate managerial support plays a crucial role in facilitating the provision of quality patient care by creating a supportive work environment and addressing organizational barriers that may impede nurses' ability to deliver optimal care.

Nursing Care Quality. In the study of Shin et al. (2017) demographic factors of nurses such as career status, marital status and educational level have been found to cause differences in the quality of nursing care. Hu et al. (2020) conducted a pre- and post-intervention study and demonstrated that an educational or relevant training program on patient safety culture for nurses resulted in significant improvements in their knowledge, attitudes, and behaviors related to patient safety, ultimately contributing to enhanced quality of patient care. This emphasizes the significance of relevant training programs and educational interventions attended by staff nurses. Such programs have been found to improve nurses' knowledge, skills, competency levels, and patient safety culture, thereby enhancing the quality of care provided to patients. Similarly, Li et al. (2021) found that training programs for nurses in acute care hospitals significantly improved their knowledge, skills, and competency levels, leading to enhanced quality of patient care.

This literature reference highlights the significance of staff nurses being assigned to their preferred areas of practice. It suggests that when nurses are satisfied with their assigned areas, it can positively impact patient outcomes such as reducing falls and increasing patient satisfaction with nursing care. In a cross-sectional study conducted by Estryn-Behar et al. (2019) they found that staff nurses who were assigned to their preferred area of practice exhibited higher job satisfaction levels, leading to improved patient outcomes such as reduced falls and increased patient satisfaction with nursing care.

According to Jamillo et al. (2018) the first step in improving the quality of nursing care is to evaluate and analyze the quality of care provided and examine the factors affecting on it. Various variables can affect the quality of nursing care, one of which is work load. Zuniga et al. (2015) indicated that increased workload and subsequently increased stress could reduce the quality of nursing care. However, there are contradictory findings in this regard. It was shown in another study, that there was a high level of nursing care quality despite the high workload and inadequate human resources and equipment (Galan et al., 2019).

Job satisfaction seems to be another factor in providing quality nursing care. Inegbedion et al. (2020) indicated that increased workload could be associated with decreased job satisfaction among nurses. In the study of Aron et al. (2015) 87.6% of nurses believed that the quality of care provided by nurses was affected by their job satisfaction. According to another study, job satisfaction was a significant predictor of quality nursing care (Al-Hamdan et al., 2019).

Emotional exhaustion in nurses can also affect the quality of nursing care. The result of the study revealed that 55.4 % of Canadian nurses suffered from emotional exhaustion (MacPhee et al., 2017). Additionally, the findings of Nantsupawat et al. (2016) were indicative of the effect of emotional exhaustion on the provision of quality nursing care. While increased emotional exhaustion of nurses increased the incidence of medication errors and infection, it decreased the quality of nursing care. Findings of Salyer's et al. (2017) study showed that among the components of job burnout, emotional exhaustion had the strongest relationship with the quality of nursing care.

Moreover, a study of Chu and Jung (2015) found out that kindness was the most highly perceived factor, followed by respect, skillfulness and explanation ability. The kindness factor refers to the ability of nurses to administer care for hospitalized children with sympathy and compassion. Conversely, a study of Kim et al. (2018) found out that ability to explain and communicate well are believed to be the most important factor in providing quality nursing care. These study findings were congruent to the study findings of You et al. (2018) that to provide effective nursing

care it is necessary for nurses to improve the communication abilities of nurses. Some studies suggest that there may be differences in the way male and female nurses provide care, while others show no significant differences based on sex. A study by Ariza (2012) examined the relationship between spiritual care activities of staff nurses and the quality of care in hospitals. Although the study did not specifically focus on the sex of staff nurses, it found that sex was somewhat associated with improved patient outcomes. Another study by Campomanes (2015) explored the relationship between nurse gender and patient outcomes. The study found that patient satisfaction did not significantly differ based on the sex of the nurse providing care.

Patients were more satisfied with the “Concern and Caring by Nurses” and less satisfied with the “Information You Were Given.” Patients described nursing care offered during hospitalization as excellent. According to this study, the nurses needed to show greater amount of interest to the information-giving process (Karaca & Durna, 2019). Overall the data showed that patient’s expectations in some aspects were not sufficiently matched. According to this study, nurses need to focus more on privacy and peace of patients (Christi et al., 2024).

The result in the study of Konduru et al. (2015) showed 66 percent of good satisfaction on level of nursing care. The study concludes that improvement of hospital work environments might be a relatively low-cost strategy to improve and quality in hospital care and to increase patient satisfaction. Most patients had a positive perception of the quality of nursing care. Being elderly and feeling towards hospital costs have a negative influence whereas having paid for the treatment has a positive influence on the patients’ perception of nursing care (Yesuf & Abdu, 2023).

From the patients' perspective, the mean and standard deviation of the quality of nursing services was moderate. Among the quality dimensions, all services quality: psychosocial, physical, and communication were placed at the moderate level (Yusefi et al., 2022). The study if Alhussin et al. (2024) revealed that the highest level of satisfaction was observed in the coordination of care after discharge, specifically nurses' efforts to cater to patients' needs after they left the hospital. The lowest satisfaction level was related to privacy, with provisions for patients' privacy by nurses. Overall, patients expressed general satisfaction with the inpatient nursing care they received, and their perceived needs and care expectations from nurses significantly influenced their satisfaction levels.

Predictors of Nursing Care Quality. In the study of Al-Hammouri et al. (2024) revealed that the mean total score of patients' satisfaction with nursing care quality (NCQ) was high. Higher-income levels, higher education levels, having health insurance, being admitted to private hospitals, being admitted to critical care units, being in a single room, excellent perceived health status and willingness to recommend the hospital to family and friends were significant predictors of patients' satisfaction with NCQ. Patient and hospital environment characteristics affected patients' satisfaction with NCQ. Hospital management should consider these characteristics to improve patient satisfaction and outcomes.

The overall quality of nursing care and nursing competency was perceived to be at a high level, whereas nursing practice environment was at a favorable level. Nursing competency and nursing practice environment were found as significant predictors of nursing care quality, while personal factors were found as non-significant predictors. Discussion Improving nursing competency and practice environment enhances the quality of nursing care. However, a study limitation is that self-reporting may not have reflected the accuracy of variables. Findings provide important evidence for the use of measures and strategies to enhance the quality of nursing care by improving nursing competency and the nursing practice environment (Galan et al., 2019).

Results in the study of Zin et al. (2025) revealed that the overall quality of nursing care as perceived by nurses was high. The significant predictors of the quality of nursing care from the highest to the lowest were nurse work environment, nurse staffing, work experience, and job satisfaction, explaining 56% of the variance in the quality of nursing care. Nursing directors should work with the government to produce and recruit more nurses, allocate budgets for care, and create a supportive work environment for nurses to improve healthcare quality.

In the study of Kasa and Gedamu (2019), patients were more satisfied with the provision of health information,

affective support, and professional technical control and least satisfied with decisional control which includes allowing patients and their attendants in the involvement of care. Being governmental employee, patients in the age group of 31–40 years and 4–8 patients in a single room were least satisfied with the nursing care whereas ever married, more educated and patients admitted to the surgical ward were more satisfied than their counterparts with nursing care.

Results in the study of Emordi et al. (2024) revealed the overall satisfaction levels of the patient receiving nursing care to be fair, while hospital environment, nurses' disposition to work, attitude of the nurses, supply of information by the nurses to the patients, and respect for privacy are the factors that affect the satisfaction level of patient. Also, nurses' behavior or care affects patients' health \recovery of health. It was revealed further that male and female patients do not differ in their level of satisfaction and the care received; while a positive significant relationship was found between respondent's length of hospital stays, level of education, and their satisfaction with nursing care received. It is concluded that nurses' care attributes and hospital environments are strong predictors of patients' satisfaction.

In the study of Shaheen et al. (2019) majority of the participating nurses reported that their workplace was insufficiently staffed. Quality of care was significantly associated with occupational stress, nurses' competence and employee development. Significant predictors of quality of care were occupational stress, work climate and employee development.

In the study of da Silva Martins et al. (2016) in developing the instrument on nursing care quality, the dimensions of patient satisfaction, health promotion, prevention of complications, well-being and self-care, functional re-adaptation, nursing care organization, and responsibility and rigor were considered to be the different nursing activities that contribute to nursing care quality. The findings of the study indicated the instrument fulfills the criteria of psychometric validity with high internal consistency. It is a promising instrument to measure the perception of nursing activities that contribute to nursing care quality, and can be used in other contexts of nursing practice. The instrument can encourage nursing professions to adopt practices in compliance with the quality standards for nursing care.

RESEARCH METHODOLOGY

Design

The study utilized a quantitative research method, specifically the descriptive, correlational (predictive) research design. The descriptive design was used in determining the nursing care quality, its dimensions, and the overall nursing care quality while the correlational (predictive) design was used to assess whether the different dimensions of nursing care quality predicts the overall nursing care quality as perceived by the discharged patients in a level I hospital for the first quarter of 2025.

Environment

The study was conducted in a Level I infirmary strategically situated at the old Bethany Hospital in Tacloban City.

Respondents

The respondent so the study included 153 discharged patients from the hospital..

Sampling Design. A consecutive sampling was utilized in the study within the period of data gathering—March to April, 2025.

Inclusion and Exclusion Criteria. Included in the study were discharged patients who had been given a doctor's order oy may go home and were still in the hospital while their bill was being settled. They should have been

hospitalized for at least 24 hours regardless of age, gender, marital status, religion, educational attainment, socio-economic status and diagnosis. They must be competent to provide voluntary consent. Those discharged patients who were on home against medical advice (HAMA) were excluded from the study and those who were not willing to provide voluntary consent were also excluded.

Instrument

This study utilized an adopted questionnaire. The instrument is identified as the Quality of Nursing Care Instrument as developed and validated by da Silva Martins et al. (2016). It is a 25-item instrument, composed of seven dimensions namely: Patient satisfaction (3 items), Health promotion (3 items), Prevention of complications (3 items), Well-being and self-care (4 items), Functional re-adaptation (4 items), Nursing care organization (2 items), and Responsibility and rigor (6 items). It is answered using a four point Likert scale where (1) is never; (2) is rarely; (3) is often; and (4) is always.

Reliability testing of the instrument revealed the following Cronbach alpha results: Patient satisfaction (0.744), Health promotion (0.740), Prevention of complications (.779), Well-being and self-care (.862), Functional re-adaptation (.830), Nursing care organization (.684), and Responsibility and rigor (.855 items). Overall Cronbach alpha for the entire instrument is .940. Parametric scores and interpretation are as follows: 1.00 – 1.75 is very low, 1.76 – 2.50 is low, 2.51 – 3.25 is high, and 3.26 – 4.00 is very high. For patients to clearly and better understand the instrument, the instrument will be translated into the Filipino or Tagalog language is being the national language.

Data Gathering Procedures

Prior data gathering, the researcher sought permission from the Dean of the College of Allied Health Sciences and the Chief of Hospitals / Medical Director of the hospitals in Leyte. The study was submitted to the ethics committee for ethical approval. Once a notice to proceed was released, a list of staff nurses was secured from the Nursing Service Office through the Chief Nurse. Thereafter, the researcher distributed to the respondents the survey questionnaire after obtaining the informed written consent. In order to prevent the staff nurses' fatigue, the questionnaire was prepared in both online and paper format. The researcher asked each respondent if they wanted to fill out the questionnaire in paper or online format. If the respondent chose the paper format, the questionnaire was delivered to them and was collected at the appointed time. All of the questionnaires were assessed immediately after the response of the respondents and any missing data were filled by them. But if the respondents selected the online version, the link to the questionnaire was sent to their cellphone. This link was designed in such a way that a person could answer only once through the link of the questionnaire and until all the questionnaires were answered and the questionnaire was not sent. Accordingly, there were no missing data and all data collection process were done by the researcher. Moreover, the objectives of the study was explained and the respondents were given enough time to accomplish the questionnaire. Likewise, they were assured that their responses were treated with utmost confidentiality and were not disclosed to anyone. Furthermore, data obtained from the respondents were used solely for the purpose of the research. After data collection, the next step was to analyze the data using appropriate statistical methods. The data analysis aimed to answer the research questions and objectives. Once the data analysis was complete, the subsequent step was to interpret the results. The interpretation involved discussing the findings and their implications for the research problem and objectives. The final step was to draw conclusions based on the research findings. The conclusions summarized the research findings and their implications for the research problem and objectives. It was also suggested future research directions. The research report was prepared for final oral presentation and was written in a clear and concise manner. The report were in tables and other visual aids to present the findings. The report was also presented to relevant stakeholders, such as hospital administrators, nurse managers, and policy-makers. All answered questionnaires were destroyed following data analysis.

Statistical Treatment of Data

Mean Score and Standard Deviation. These were used to determine the overall nursing care quality and its

dimensions as perceived by the discharged patients. Linear Regression. This was used to assess whether the different dimensions predict the overall nursing care quality as perceived by the discharged patients.

Ethical Considerations

The study was submitted to the ethics committee for ethical approval prior to data gathering.

Presentation, Analysis, And Interpretation of Data

Table 1 Perceptions on Nursing Care Quality among Patients

Dimensions	Mean score	SD	Interpretation
Patient satisfaction	3.87	0.347	Very High
Health promotion	3.77	0.456	Very High
Prevention of complications	3.82	0.403	Very High
Well-being and self-care	3.83	0.394	Very High
Functional re-adaptation	3.81	0.466	Very High
Nursing care organization	3.90	0.392	Very High
Responsibility and rigor	3.87	0.359	Very High

Note: $n=153$.

Legend: A score of 1.00 – 1.75 is very low (never), 1.76 – 2.50 is low (rarely), 2.51 – 3.25 is high (often), and 3.26 – 4.00 is very high (always).

Patient Satisfaction. This was rated as very high. To support this finding, the patient believed that the nurses showed respect for the abilities, beliefs, values and desires of individual patient while providing nursing care, nurses were always constantly seeking to show empathy in interactions with the patient (patient’s family), and nurses always involved significant cohabitants of individual patient in the nursing care process. This only implies that patients are really satisfied with what the nurses has shown to them. Patients felt that they were respected, that nurses were empathetic, and that nurses involved family members or relatives in the care plan. A very high findings would signify that the nurses caring for patients were able to meet their expectations as may be evident by patients verbalizing their contentment and expressing gratitude as time of their discharge. Contrary to the findings, the overall data showed that patient’s expectations in some aspects were not sufficiently matched. According to this study, nurses need to focus more on privacy and peace of patients (Christi et al., 2024).

Health Promotion. This was rated as very high. Supporting this finding, the nurses always identified the health situation of the population and the resources of patient/family and community, the nurses always used the hospitalization time to promote healthy lifestyles and lastly, the nurses provided information that generates cognitive learning and new abilities in the patient. Patients were able to appreciate the role of the nurses in health promotion. By educating, supporting, and advocating for their patients, nurses play a significant part in the process of health promotion. This empowers individuals to take responsibility for their own health and well-being. They have the potential to improve health literacy, lead to better health outcomes, and lower the costs of healthcare. Nurses literally know the drill, health promotion is one of the four-fold responsibility of the nurses and they know that they have to promote health as this is very important component in caring for patients. This is also evident during nurse’s rounds where nurses provide education to patients about their management. Contrary to the findings, patients were more satisfied with the “concern and caring by nurses” and less satisfied with the “information you were given.” Patients described nursing care offered during hospitalization as excellent. According to this study, the nurses needed to

show greater amount of interest to the information-giving process (Karaca & Durna, 2019).

Prevention of Complications. This rated as very high. To support this finding, the patient believed that the nurses always identified potential problems of the patient, nurses always prescribed and performed interventions to prevent complications, and nurses always evaluated the interventions that help prevent problems or minimize undesirable effects. This finding implies that through the provision of proactive and watchful care, nurses play a significant role in the prevention of problems, so ensuring that patients experience a more secure and less traumatic recovery process. They are able to accomplish this through a variety of measures, including as early detection and intervention, appropriate education, and adherence to best practices. Indeed, nurses were very mindful in making sure that patients do not develop complications. Prevention is always the best cure and knowing this fact, nurses are making sure that their patients do not develop complications while they are under their care. This is evident in the clinical area as most, if not all patients who discharge from the hospital did not stay longer because of complications. Contrary to the findings, the result in the study of Konduru et al. (2015) showed 66 percent of good satisfaction on level of nursing care. The study concludes that improvement of hospital work environments might be a relatively low-cost strategy to improve and quality in hospital care and to increase patient satisfaction.

Well-being and Self-care. This rated as very high. To support this finding, the patients believed that the nurses always identified patient's problems that will help improve the patient's well-being and daily activities, the nurses always prescribed and performed interventions that will help improve the patient's well-being and daily activities. Lastly, they believed that nurses always evaluated the interventions that help improve the patient's well-being and daily activities and that nurses always addressed problematic situations identified that helped improve the patient's well-being and daily activities. This finding implies that the nurses play a significant part in ensuring the health and well-being of their patients as well as in their own self-care. These individuals are crucial in the provision of holistic treatment, the promotion of healthy behaviors, and the advocacy for patients. By making self-care a priority, nurses guarantee that they are able to maintain their physical, mental, and emotional health, which has a direct impact on the quality of care that they deliver to their patients. Contrary to the findings, from the patients' perspective, the mean and standard deviation of the quality of nursing services was moderate. Among the quality dimensions, all services quality: psychosocial, physical, and communication were placed at the moderate level (Yusefi et al., 2022).

Functional Readaptation. This rated as very high. To support this finding, the patient believed that the nurses always ensured continuity of nursing service provision, nurses always planned discharge of hospitalized patients in health institutions, according to each patient's needs and community resources, and nurses always optimized the abilities of the patient and his/her significant cohabitants to manage the prescribed therapy. Further, patients believed that nurses always teach, instruct and train patients for their individual adaptation and teach, instruct and train patients on what is required for their functional readaptation. This finding implies that nurses are really familiar with their jobs. They know what to do and what is expected of them. This means that nurses were able to deliver based on their functions. This is evident on patients relying on what the nurses would say especially during nurse's rounds. Contrary to the findings, most patients had a positive perception of the quality of nursing care. Being elderly and feeling towards hospital costs have a negative influence whereas having paid for the treatment has a positive influence on the patients' perception of nursing care (Yesuf & Abdu, 2023).

Nursing Care Organization. This rated as very high. To support this finding, the patient believed that the nurses always knew how to handle the nursing record system and nurses always knew the hospital's policies. This can be affirmed from the observation of the researcher. The nurses working in the hospital are very well oriented with the record system in the hospital as well as the different policies as they were given an orientation about these things which only means that they are very knowledgeable and skillful about their respective jobs. Contrary to the finding, from the patients' perspective, the mean and standard deviation of the quality of nursing services was moderate. Among the quality dimensions, all services quality: psychosocial, physical, and communication were placed at the moderate level (Yusefi et al., 2022).

Responsibility and Rigor. This rated as very high. To support this finding, the patient believed that the nurses

always showed responsibility for the decisions they make and for the acts they perform and delegate, aiming to prevent complications, nurses always showed responsibility for the decisions they make and for the acts they perform and delegate, aiming to ensure well-being and self-care of patients, and nurses always showed technical/scientific rigor in the implementation of nursing interventions aiming to prevent complications. Further, they believed that nurses always showed technical/scientific rigor in the implementation of nursing interventions that help improve the patient's well-being and daily activities, nurses always referred problematic situations to other professionals, according to the social mandates, and nurses always supervised the activities that support nursing interventions and the activities they delegate.

This finding implies that responsibility and rigor is essential for both personal development and professional achievement of the nurses to have a solid understanding of accountability and rigor. Accountability, improved decision-making, and stronger relationships are all positive outcomes that result from being aware of and accepting responsibility. Rigor, on the other hand, supports the development of analytical thinking, problem-solving skills, and a desire to achieve greatness. The cultivation of a sense of ownership and a commitment to achieving high standards is fostered by these notions, which are vital for both personal and professional development of the nurses. And nurses were able to exhibit all these. The study if Alhussin et al. (2024) revealed that the highest level of satisfaction was observed in the coordination of care after discharge, specifically nurses' efforts to cater to patients' needs after they left the hospital. The lowest satisfaction level was related to privacy, with provisions for patients' privacy by nurses. Overall, patients expressed general satisfaction with the inpatient nursing care they received, and their perceived needs and care expectations from nurses significantly influenced their satisfaction levels.

It is imperative to preserve the quality of nursing care, as it has a direct impact on the safety, satisfaction, and well-being of patients, as well as the efficacy and effectiveness of the healthcare system. Improved health outcomes, reduced mortality and morbidity, and increased patient confidence in the healthcare system are all the results of high-quality nursing care.

Table 2 Overall Nursing Care Quality as Perceived by the Patients

Overall Nursing Care quality	Mean score	SD	Interpretation
Nursing care quality	3.84	0.333	Very High

Note: $n=153$.

Legend: A score of 1.00 – 1.75 is very low (never), 1.76 – 2.50 is low (rarely), 2.51 – 3.25 is high (often), and 3.26 – 4.00 is very high (always).

The table shows that the overall nursing care quality was very high. This implies that patients were really satisfied with the nursing care quality. This means that their expectations were being met on the different dimensions as seen in the previous table when they received nursing care from the nurses. This is also very evident in the clinical area as patients put a smile on their faces when they discharge and personally thank the nurses who cared for them. While the study findings yielded a very high quality, in the study of Al-Hammouri et al. (2024), it revealed that the mean total score of patients' satisfaction with nursing care quality (NCQ) was high. Also, the overall quality of nursing care and nursing competency was perceived to be at a high level, whereas nursing practice environment was at a favourable level (Galan et al., 2019). Results in the study of Zin et al. (2025) revealed that the overall quality of nursing care as perceived by nurses was high. In the study of Kasa and Gedamu (2019), patients were more satisfied with the provision of health information, affective support, and professional technical control and least satisfied with decisional control which includes allowing patients and their attendants in the involvement of care. Results in the study of Emordi et al. (2024) revealed the overall satisfaction levels of the patient receiving nursing care to be fair, while hospital environment, nurses' disposition to work, attitude of the nurses, supply of information by the nurses to the patients, and respect for privacy are the factors that affect the satisfaction level of patient. Also, nurses' behavior or care affects patients' health \recovery of health.

The maintenance of quality in nursing care is of utmost importance since it has a direct influence on the health, safety, and contentment of patients, and it also makes a contribution to the efficiency and effectiveness of the healthcare system. Improved health outcomes, decreased mortality and morbidity, and higher patient confidence in the healthcare system are all results that can be attributed to nursing care that is of a significant quality.

Table 3 Dimensions of Nursing Care Quality Predicting Overall Nursing Care Quality

Variables	B	Std error	Beta	t	p value	Decision	Interpretation
(Constant)	.004	.002		2.699	.008	--	--
patient satisfaction	.142	.001	.147	241.558	.000	Reject Ho	Significant
health promotion	.143	.001	.195	269.019	.000	Reject Ho	Significant
prevention of complications	.143	.001	.173	240.356	.000	Reject Ho	Significant
well-being and safe care	.142	.001	.168	189.679	.000	Reject Ho	Significant
functional re-adaptation	.145	.000	.202	318.069	.000	Reject Ho	Significant
nursing care organization	.142	.001	.167	271.185	.000	Reject Ho	Significant
responsibility and rigor	.142	.001	.154	221.519	.000	Reject Ho	Significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that the p values for patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor were lesser than the significant value of .05. These values were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor predicted overall nursing care quality.

In the study of da Silva Martins et al. (2016) in developing the instrument on nursing care quality, the dimensions of patient satisfaction, health promotion, prevention of complications, well-being and self-care, functional re-adaptation, nursing care organization, and responsibility and rigor were considered to be the different nursing activities that contribute to nursing care quality. The findings of the study indicated the instrument fulfills the criteria of psychometric validity with high internal consistency. It is a promising instrument to measure the perception of nursing activities that contribute to nursing care quality, and can be used in other contexts of nursing practice. The instrument can encourage nursing professions to adopt practices in compliance with the quality standards for nursing care.

However, contrary to the findings, there are also other factors that predicts nursing care quality. Nursing competency and nursing practice environment were found as significant predictors of nursing care quality, while personal factors were found as non-significant predictors (Galan et al., 2019).

Other variables that predict nursing care quality also includes demographic profile and other factors. In the study of Al-Hammouri et al. (2024) it revealed that higher-income levels, higher education levels, having health insurance, being admitted to private hospitals, being admitted to critical care units, being in a single room, excellent perceived health status and willingness to recommend the hospital to family and friends were significant predictors of patients' satisfaction with NCQ. Also, results in the study of Zin et al. (2025) revealed that the significant predictors of the quality of nursing care from the highest to the lowest were nurse work environment, nurse staffing, work experience, and job satisfaction, explaining 56 percent of the variance in the quality of nursing care. Nursing directors should

work with the government to produce and recruit more nurses, allocate budgets for care, and create a supportive work environment for nurses to improve healthcare quality.

Looking at the table, the t values were positive which indicates that the influence of patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor towards overall nursing care quality was positive. A positive prediction means that as the patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor increases, the overall nursing care quality also increases. For every one unit increase in the patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor, the overall nursing care quality increases 241.558 units, 269.019 units, 240.356 units, 189.679 units, 318.069 units, 271.185 units, 221.519 units respectively.

The model summary revealed the following values: $R = 1.000$, $R \text{ Square} = 1.000$, $\text{Adjusted } R \text{ Square} = 1.000$, $\text{Std. Error of Estimate} = .00156$, $F = 9.877E5$, $\text{Sig.} = .000$. Therefore, the regression model created is as follows:

Overall Nursing Care Quality = .004 + 241.558 (patient satisfaction) + 269.019 (health promotion) + 240.356 (prevention of complications) + 189.679 (well-being and self-care) + 318.069 (functional re-adaptation) + 271.185 (nursing care organization) + 221.519 (responsibility and rigor)

The equation reads that overall nursing care quality is the result of the constant value of .004 plus 241.558 of patient satisfaction plus 269.019 of health promotion plus 240.356 of prevention of complications plus 189.679 of well-being and self-care plus 318.069 of functional re-adaptation plus 271.185 of nursing care organization plus 221.519 of responsibility and rigor. Based on the model summary, the r squared value was 1.000 which indicates that the total variation in the overall nursing care quality can be explained by the independent variables of patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor. In this case, 100.00 percent can be explained which is a strong effect. This means that the variable of patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor predicting overall nursing care quality had a strong effect. Thus, the regression model was also strong. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

CONCLUSION AND RECOMMENDATIONS

Conclusions

In conclusion, nursing care quality of influenced by patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor. This means that the higher the patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional re-adaptation, nursing care organization, and responsibility and rigor, the higher the overall nursing care quality. The very high nursing care quality affirms the Donabedian Model where the structure describes the context in which care is delivered, including patient satisfaction, health promotion, prevention of complications, well-being and safe care, functional readaptation, nursing care organization, and responsibility and rigor. The process denotes the transactions between patients and providers—specifically the nurses throughout the delivery of healthcare. And finally, the outcomes refer to the effects of healthcare on the health status of patients. To address the findings of the study, a nursing quality care improvement plan was proposed.

Recommendations

The following recommendations were given based on the findings of the study:

Nursing Practice. The study will be presented to the hospital administration in order to gain insights about the findings, especially the nursing department and discuss how to sustain the very high level of quality of nursing care. The nursing care quality sustenance plan is also recommended for use and adoption in the hospital. It can also be adopted among healthcare institutions as they deem it appropriate in their organization.

Nursing Education. This study has the potential to serve as a resource for instructional purposes when presenting ideas connected to the quality of nursing care. The article itself can be used as a model or a guide for writing a research report, and it can also be used to facilitate debates in nursing programs at both the undergraduate and graduate levels regarding research, ethics in research, and even statistical analysis of data. Using a more expansive setting is another method that can be utilized to reproduce the outcomes of the study.

Nursing Policy. Internal policies may be crafted where research being identified as one of the key performance indicators in the strategic and operational plans. Policies in relation to nursing care quality may also be crafted.

Nursing Research. To comply with research dissemination, the study will be submitted for publication in a refereed local or international journal. It will also be submitted for either oral or poster presentation in any local or international research congress. The following research titles are also suggested for future researches:

- Exploring the lived experiences on nursing care quality among patients;
- A comparative analysis on the nursing care quality from the perspectives of patients and nurses;
- A study on the predictors of nursing care quality utilizing other variables, other than the dimensions; and
- A mixed method on nursing care quality as perceived by patients.

NURSING CARE QUALITY SUSTENANCE PLAN

Rationale

Ensuring excellence in nursing care is essential for various reasons. It guarantees patient safety, enhances patient outcomes, and fosters a favorable healthcare experience. Nurses are essential in providing high-quality care through the implementation of safe practices, emphasis on patient-centered care, and facilitation of good communication. Based on the study, it was found out that the nursing care quality as evaluated by the patients was very high. To sustain this very high quality, this is the primary reason why this sustenance plan was created.

General Objectives

The primary purpose of this nursing care quality sustenance plan is to sustain the very high quality in the nursing care quality provided by the nurses.

Specific Objectives

Specifically, this sustenance plan aims to sustain the very high level of nursing care quality in all of its dimensions.

Concern	Specific Objectives	Activities	Persons responsible	Resources	Time Frame	Success Indicators
The need to sustain the very high level of nursing care	To sustain the very high level of nursing care quality in all	Personally-initiated activities: · Read articles or view videos about improving nursing care quality.	· Staff Nurses · Nurse Supervisors	· Internet connectivity. · Desktop, laptops, android phone and tablets.	Second quarter of 2025 and onwards	· Saved articles and videos. · Certificate of attendance or participation in the

quality and its dimensions.	of its dimensions.	- Attend webinars or seminars on customer satisfaction or patient satisfaction or quality of nursing care. Hospital-initiated activities: - Promptly reply to queries in the official website and Facebook account or in the emails. - Provide a suggestions box in every ward. - Periodically assess for patient satisfaction or feedback through surveys. - Conduct seminar or workshop on customer service. - Conduct training and seminar on how to achieve high levels of nursing care quality. - Conduct periodic meetings to discuss matter relating to quality of nursing care. - Re-assess the quality of nursing care six months following the implementation of this plan.	- Chief Nurse - HR Director - Hospital Administrators	- Budget for the seminar or webinars (Php 10,000.00 per activity). - Official Facebook account or website. - Suggestion box. - Instrument to measure patients feedback. - Instrument to measure nursing care quality.	- trainings, workshops, seminars, and webinars. - Installed suggestion box. - Good reviews in the Facebook account and official website. - Minutes of meetings. - Survey feedbacks. - Survey report – very high quality of nursing care quality.
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